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NATIONAL COMMITTEE FOR
MENTAL HYGIENE

HAND BOOK OF THE MOVEMENT
AND EXHIBIT

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HAND BOOK
OF THE
MENTAL HYGIENE
MOVEMENT AND
EXHIBIT

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I. THE INDIVIDUAL

I. The Individual

Is it possible for a human being to know him or herself? What are the sources of physical and mental energy? How can physical and mental activities be measured and what are the means by which they may be directed so as to insure success and happiness and avert disaster and misery?

How does prejudice of creed or race develop? Why does an idea become fixed, why do we strive without attainment, fear without cause or why do we attempt to shut out from our vision the world as we see it, like the ostrich which buries its head in the sands of the desert?

Upon the answers to these questions may be based hopes for individual success, for national greatness, and for human progress.

The Object of the Mental Hygiene Exhibit

The object of the Mental Hygiene Exhibit is two-fold. First, to call attention to some sources of information from which the answers to these questions can be obtained, and, second, to present the immediate needs of a campaign directed to attack the most important and difficult series of problems confronting humanity. This plan can be effective in proportion to the sympathy and support of intelligent citizens. Success cannot be attained in a day or generation, but an organized effort may now be made to co-ordinate and direct the forces, which, left unguided by reason, might overthrow the foundations of our civilization.

Failures in Adjustment

Count the number of registered (temporary or permanent), failures in mental adjustment in the United States (Charts XI and XIV).

Remember the financial cost of maintaining this host (as shown in Charts XII and XIII) or try to estimate the amount of human misery and despair to which these statistics bear testimony, and then determine whether the importance of these problems can be exaggerated.

What is the significance of these statistics, and what are some of the lessons to be drawn from them? It is of great importance to each one of us, to the Nation, and to Humanity that these questions be answered correctly. These figures give us some idea of what an appalling number of people there are unable to adjust themselves to meet the conditions of life owing to a bad heredity, or to an unfavorable environment created by unnatural social conditions, or to a faulty education. In order to understand the relations of human beings to their environment we must first have some idea of the methods successfully employed in the study of all living beings.

Life a Process of Adjustment

Plants like animals are alive, but the life processes in plants are relatively simple. Living beings possess certain activities. Thus the living plant or animal takes in food and converts part of it into energy. That is one form of activity seen in the conversion of potential energy into visible movement. A plant turns its leaves toward the light and in other ways is capable of adjusting itself to its surroundings. Some of the lower forms of animal life have simple activities resembling those of plants, but neither plants nor the lowest animal forms have that special mechanism of adjustment, the nervous system, which characterizes the higher forms of animal life.

The Mechanism of Adjustment

The mechanism of more complex adjustment is the nervous system, and the general plan of its structure, similar for all animals which possess one, is indicated in Charts III, IV, V and VI.

The more complex the mechanism of adjustment becomes, the more varied are the potential activities of the animal.

The area of the body in which the more complicated adjustments take place is the cortex or outside layer of the brain. (Chart VI.) This part of the adult brain contains about 9,000,000,000 more nerve cells than does the same area of the brain of an anthropoid ape. This extraordinary complex arrangement makes it possible for a man successfully to adjust his activities to meet countless situations for which the brain-mechanism of the higher apes is entirely inadequate.

The types of activity of which different nervous systems are capable (Chart II) are:

(1) Reflex; the simplest movements depending on the presence of nervous systems,—such as narrowing of the pupil of the eye when it is exposed to the light;

(2) Automatic; more complicated movements unattended by conscious activity;

(3) Volitional; most complicated forms, associated with conscious activity.

These three types are intimately dependent on each other. We cannot understand one without knowing something about the others. Volitional activity may, after a great deal of repetition, become automatic. The beginner is painfully aware of his efforts to learn to ride a bicycle, while later he may become unconscious of these movements.

The Study of Activities

Activities may be brought into play by something happening at the present moment—the hand that touches a hot coal is suddenly withdrawn—or by special mechanism due to impressions stamped or engraved on the body by previous experience (memory). This is the basis of the learning process. Certain special mechanisms are handed on from one generation to another, in the form of compound reflex activities called instincts. The desire to live, instinct of self-preservation, and of reproduction (sexual instinct) are examples of such special kinds of activity.

When the higher forms of activity are aroused we are generally aware of accompanying feelings such as pleasure or pain. The character and intensity of the feelings vary in individuals, and in the same individual at different times. Some people feel deeply, others are relatively apathetic. Our moods vary; to-day we are gay and to-morrow sad.

In health, a certain balance is maintained between activities and feelings, which we call “normal.”

Readjustments

Life is a process of adjustment; of the individual to the environment. Health is a state of mind and body in which the adjustments

are relatively good, while in disease, of which insanity is a special form, they are insufficient or imperfect.

A person with an injured leg is an example of one form of disturbed adjustment. Nature makes an effort to readjust by forcing the uninjured leg to do extra work, and its muscles increase in size.

Again, one person may have learned to play tennis well, or ride a horse easily, almost automatically, while the automatic activities of another attempting to play or ride are so defective that almost every movement is executed clumsily or with difficulty. A satisfactory adjustment can be made only by repeatedly arousing the higher forms of activity, acts of will; that is by consciously practicing until the voluntary movements become automatic.

Readjustments in Higher Levels of Activity

Attempts at readjustment are constantly being made within the field of the highest activities. An individual, conscious of a mental or physical defect, makes an effort to compensate for it; he tries to make the best of a bad situation; sometimes he attempts to divert attention from his infirmity by boasting; sometimes he tries to hide it by assuming a cynical air.

In physical and mental health, the instincts are held sufficiently in check by the intellect and will, but when instincts are unduly repressed or ignored harm may result. When the balance among the various activities of the body is disturbed by disease, certain of the instincts may become so dominant as to control both thought and conduct; often mental conflicts arise which lead to serious mental breakdown.

Life is a process in which we are constantly being forced to meet new and changing conditions. In health, not only is there, in general, a symmetrical balance maintained, but these activities are continually being readjusted to meet immediate needs.

Disorders of Adjustment

The difference between sanity and insanity is, in essence, a difference of balance among the activities, a matter of degree, rather than of kind. If an individual's capacity for readjustment on meeting new

conditions be not seriously overtaxed an equilibrium may soon be restored, when unusual conditions tend to disturb the balance; but should the altered relationships among the activities transcend the capacity for readjustment then the disturbance may result in those unusual forms of thought, feeling or behavior which are designated as insanity. A false idea may temporarily tyrannize our thought process, disappointment may bring us to the verge of despair; and uncontrolled passion may temporarily hold reason in check, without raising a question as to our sanity. It is only when the idea becomes fixed or despondency is our customary mood, or anger or fear holds sway over all our emotions that we are, in the common acceptance of the term declared to be insane. There is no broad gap between sanity and insanity. People have naively assumed too great a disparity between the mental process of the sane and of the insane. Their crude distinction between conditions which are essentially alike has brought untold misery upon the human race, has deprived thousands of hope, driven others to despair, and prevented us from knowing ourselves.

The personality of an individual depends upon the adjustment, which he is capable of making and does make, of all his activities (reflex, automatic, volitional). Various inciting agencies, acting at different levels, may disturb these activities. (Chart VII.)

There are, however, a great many disorders of adjustment occurring in the higher levels of activity which are not associated with recognizable structural changes in the nervous system. The failure to find changes in the nervous system may be the result of our imperfect methods of study. Many conflicts among the activities seem to occur because the individual has not been properly trained for healthy activity. Bad mental habits, depending often upon faulty mechanisms to begin with, or upon mechanisms made faulty by bad environmental influence, frequently undermine the mental and physical life of an individual. These faulty mechanisms result in imperfect adjustments; thus arise seclusiveness, brooding, day-dreaming, sentimentalism, outbursts of temper, experimenting with the sexual instincts, indulgence in fads, etc. Disorders of conduct often make their appearance when an individual has to face some difficult situation in life. In order fully to understand

the more complex mental reactions it is frequently necessary to have accurate information in regard to the early development, childhood, influence of the family atmosphere, the general education and social environment, the role of the sexual instinct and the habits of thought and action, of work and of play of the individual.

Society's Greatest Problems

Can life be made easier, happier and more efficient for the majority of human beings? Is it possible to control some of the causes which lead human beings to the commitment of crime? Can we prevent the unfit from propagating their kind? What measures may be adopted to insure the development of a race whose actions shall be directed more by reason, and less by either weakly sentiment or boisterous passion? May we by taking thought hasten the time when the minds of men will be capable of adjustments which will permit the spirit of humanity and charity to rule instead of envy and malice, vengeance to give way to justice, war to peace, despair to hope? It is to assist in the work of realizing these great objects by work in one important field that the National Committee for Mental Hygiene has been organized. The expectation of ultimately attaining these ideals is a reasonable one, but their final triumph depends upon the degree of intelligent interest and effort that we put forth in the attempt to know ourselves.

II. THE MENTAL HYGIENE MOVEMENT

II. Outline of the Mental Hygiene Movement

A. PREVENTION

1. EUGENICS

POSITIVE OR CONSTRUCTIVE

Education of the people in the facts of heredity, and cultivation of ideals regarding marriage and parenthood which will extend to the welfare of the next generation.

NEGATIVE OR RESTRICTIVE

Legislation denying the privilege of parenthood to the manifestly unfit.

2. EDUCATION

MEDICAL EDUCATION

Increased facilities in medical schools for giving instruction in mental hygiene and psychiatry.

Especial provision in medical schools and hospitals for training investigators and teachers in this department of medicine.

GENERAL EDUCATION

Recognition of the general principle that development of good mental habits and not merely imparting information is the chief aim of education.

An educational system that takes cognizance of the fact that all our activities are deeply rooted in and inseparably connected with the practical issues of life.

More objective methods of teaching. Especial development of the capacity for observation (drawing, nature study, etc.).

Emphasis upon the importance of the manual arts as a means of developing and maintaining a healthful interest in life.

The cultivation of a frank emotional attitude in general and a frank attitude toward sexual matters in particular.

Conferences and lectures on mental hygiene in schools, colleges and universities and general dissemination of knowledge regarding the basis for mental activity and the causes and prevention of mental disorders.

Social departments in schools and universities where individuals may be assisted by skilled psychiatrists in dealing with personal problems.

3. SOCIAL SERVICE

Assistance in securing adjustment of social and family difficulties as well as in the adaptation of employment to the capacity of individuals in danger of mental disorders.

Perfection of present methods and the creation of better opportunities than those existing at present for the study of individuals in relation to their environment.

Advice and aid in effecting readjustments to those who have already suffered from mental disorders.

4. GENERAL MEASURES OF PREVENTION

Movements for social and industrial betterment, to prevent unequal stress and to give wider opportunities for recreation and for individual improvement.

Co-operation between all existing agencies which aim to control forms of illness and injury which may lead eventually to mental disorder (venereal prophylaxis, movements against alcoholism, prevention of infections, regulation of the sale of habit-forming drugs, safeguarding workmen in dangerous trades, etc.).

Efficient and humane methods of examining immigrants in order that those with mental diseases or defects may be excluded.

B. TREATMENT

1. PROVISION FOR EARLIER DIAGNOSIS AND TREATMENT

Out-patient departments for mental cases in connection with hospitals for mental diseases and general hospitals and independent of either of these agencies.

Systematic psychiatric examination of school children.

Provision for incipient and emergency cases in psychopathic wards of general hospitals.

A psychopathic hospital in each of the 50 American cities of more than 100,000 population; such hospitals to be the centers of practical work in prevention and social service as well as for efficient treatment.

2. IMPROVEMENTS IN METHODS OF ADMISSION AND COMMITMENT

Transfer of the responsibility for the care of patients pending commitment from overseers of the poor and police officials to physicians.

Improvement in the legal steps necessary for admission to hospitals, especially elimination of court measures which often imperil patients' chances for recovery.

Extension of the use of the "emergency" and "voluntary" commitments.

3. STATE SYSTEMS FOR THE PUBLIC CARE OF THE INSANE AND MENTALLY DEFECTIVE

Establishment of complete state care and state supervision of private institutions, under strong central administration.

Elimination of politics from state institutions; all appointments and promotions under strict civil service control.

Adoption of a definite policy for caring for the mentally defective.

Establishment of after-care and social service work under the direction or with the full co-operation of state institutions.

4. INSTITUTIONAL PROVISIONS

Sanatoriums for early cases of mental disorders and especially for the psycho-neuroses.

Hospitals of moderate size in cities, with facilities for active treatment of acute cases.

Colonies in the country for more chronic cases where patients may be treated in small groups, under attractive and home-like surroundings.

5. SPECIAL FEATURES OF TREATMENT

Increased number of physicians in state hospitals and especial provision for training young physicians who enter this work.

Encouragement of research in many fields (pathological, statistical, clinical, field studies, etc.).

Better pay, shorter hours and better housing for nurses. Especial provision for training nurses under efficient and well paid instructors.

Especial attention to such measures of treatment as hydrotherapy, occupation, recreation, re-education, etc., under the supervision of trained instructors.

Provision for the physical needs of patients by providing care by surgeons, dentists, ophthalmologists, and other specialists.

III. THE MENTAL HYGIENE EXHIBIT

III. The Mental Hygiene Exhibit

The Mental Hygiene Exhibit was prepared by the National Committee for Mental Hygiene for the purpose of directing attention to some of the practical applications of the study of human activities and of mental diseases and defects to problems of preventive medicine, economics and education.

THE FIRST SECTION of the exhibit deals with the mechanism of adjustment (the nervous system)—its relation to the various bodily activities—and attention is directed to some of the simpler forms of adjustment. Different types of nervous systems, from the simplest to the most complex, are shown and the levels at which various disorders of adjustment originate or become manifest are indicated. A number of life-histories of patients with different types of those imperfect adjustments called insanity, alienation, or mental disease are shown and the section ends with charts illustrating the structural changes in the brain found in some types of mental disorders. As indicated in these charts, there are still other types of mental disorders in which no structural changes in the brain can be observed by available methods.

THE SECOND SECTION presents statistical information. Charts, maps and models indicate the number of persons with mental disorders in institutions for the insane and the number of the mentally defective in the various states and also in foreign countries. These statistics do not give an accurate idea of the incidence of mental diseases in different localities, for it is known that, even in those communities in which the most intelligent efforts are made to provide adequately for the insane, many remain uncared for. The number of patients in special institutions is to some extent an index of the status of the care of the insane in a community and roughly measures the incidence of mental impairment or individual failures of adjustment in different localities. There are, of course, many degrees of failure in adaptation to the conditions of life which are the result of causes similar to those leading to the graver and more easily recognized conditions requiring treat-

ment in special institutions for the insane. In the case of the mentally defective, no state provides adequate institutional care for more than one-tenth of these unfortunate persons.

The cost of caring for the insane in institutions, the economic loss through mental disease, the apparent increase in the incidence of mental disease and also some general statistical information, relating to age, sex, and other facts regarding the insane in institutions are also graphically presented.

THE THIRD SECTION deals with some of the controllable causes of mental disease and deficiency, the incidence of which is shown in the preceding section. Figures show that immigration is a very large source of population and suggest the fact that wise and humane measures of excluding the insane and mentally defective immigrants provide us with a very practical application of eugenics. Attention is directed to the role played by syphilis and alcohol in the production of mental diseases and the relation between heredity and mental deficiency is also referred to.

THE FOURTH SECTION deals with the treatment of those suffering from mental disorders or defects. A copy of Hogarth's drawing of Bedlam, the first institution in England for the care of the insane, marks the spot where the long struggle to ameliorate the condition of those suffering from mental diseases began. A copy of Fleury's painting of Philippe Pinel in the Salpetriere assists in perpetuating the name of this great man as one of the chief founders of the present era of hospital treatment and non-restraint. Portraits of Pinel, Benjamin Rush, Dorothea Lynde Dix and Wilhelm Griesinger and brief statements of their share in this great work serve to remind us that what has been accomplished in behalf of the insane has been due to the efforts of men and women who devoted themselves to improving the conditions of life for a group of unfortunate fellow beings. The section relating to the historical retrospect ends with pictures of the early private and public hospitals for the insane in this country including the first State Hospital, a type of institution of which more than 200 exist in the United States to-day. The "story of the insane" is continued by charts showing the conditions existing under asylum care which, in most states, is now happily a

matter of history. A series of photographs emphasizes the contrast between asylum care and modern hospital methods of treatment.

A number of charts, which have been most carefully collected, bring out important phases of the modern treatment of the insane and mentally defective. Housing of patients and employees in public and private hospitals, farms and grounds, general medical features of treatment, provisions for special classes of patients, the use of hydrotherapy, recreation, diversion and occupation are some of the topics fully illustrated in this part of the section on "treatment." The section ends with pictures and plans of the psychiatric clinics and psychopathic wards and pavilions in general hospitals which break down the last barriers between the care of mental diseases and that of other illnesses.

THE FIFTH SECTION deals particularly with the subject of mental deficiency. The incidence of mental deficiency (as indicated by the examination of school children and other special groups of population) the causes, evidences and classification of mental deficiency, the cost to the community of failure to provide for the mentally defective and the question of the semi-responsibility of the feeble-minded are some of the subjects discussed.

THE SIXTH SECTION takes up the subject of prevention of the disorders of adjustment, the nature and treatment of which have been outlined in the preceding sections. The work and plans of the organizations available for work in mental hygiene (the National Committee for Mental Hygiene and the allied State Societies and the Committees for Mental Hygiene) are indicated in a series of charts.

IV. CHARTS

Selected from the Mental Hygiene Exhibit to illustrate the preceding text.

Life is a Process of Adjustment

*Health is a condition of perfect adjustment;
disease a condition of imperfect adjustment.*

*Insanity (mental disease) is a Special Form of
Disorder of adjustment.*

The Brain and nervous system form the mechanism of adjustment.



Imperfect adjustments or diseases are caused by

- 1- *Interference with the mechanism of adjustment
(brain and nervous system.)*
2. *Interference with the functions of other organs.*

Some Simple Forms of Adjustment

1. Reflex activity

contraction of pupil when exposed to light.



2. Automatic activity

More complicated movements performed without conscious activity.



3. Volitional activity

More complicated forms associated with conscious activity.

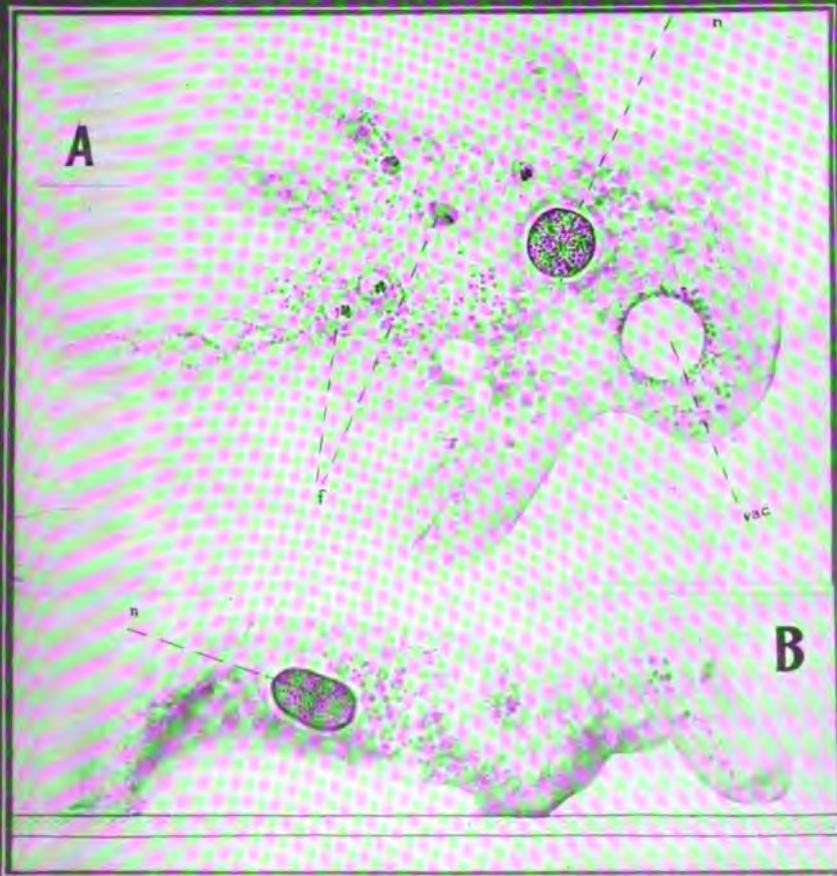


4. Higher forms of activity.

Dependent upon will, concepts and judgment.



Mechanism of Adjustment



Amoeba proteus

(Greatly magnified)

One of the simplest forms of animal life.

A single living cell; capable of responding or readjusting when disturbed.

A Seen from above.

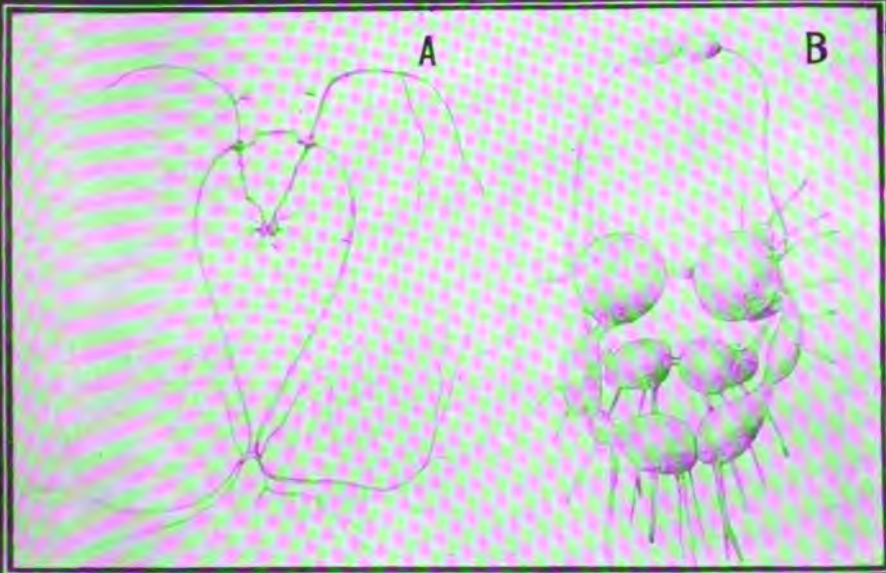
B Seen from the side.

n - nucleus

vac - pulsating vacuole

f - food particles

Mechanism of Adjustment



Simple nervous systems (adjusting mechanisms)

A. Clam

B. Snail

Concentration of nerve cells into masses or ganglia (groups of nerve cells)

In some animals these ganglia are scattered throughout the body; in others they are located in certain definite areas.

Mechanism of Adjustment.

Types of Nervous Systems

(adjusting mechanisms)

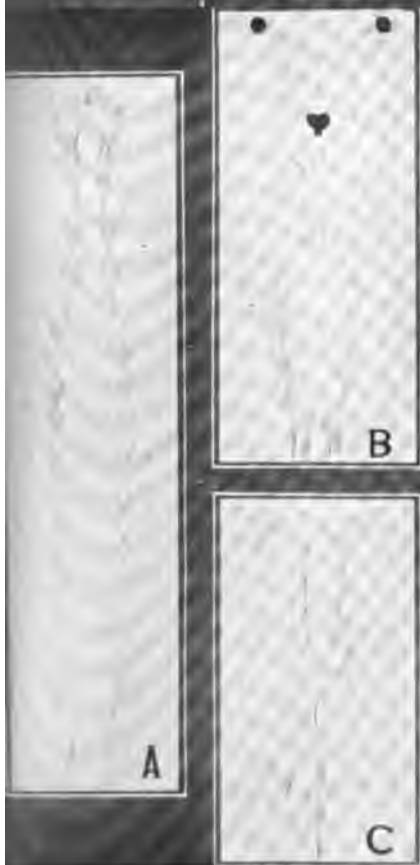
*Showing collection of ganglia
(groups of nerve cells)*

A. *Brine shrimp*

B. *Fish louse*

C. *Crab*

*In C. the collection of ganglia
might be called a brain.*



Three Types of Brains

(Parts of adjusting mechanisms)

C. Mammal

B. Reptile

A. Fish

Showing the relation of the higher brain centers (cortex black) to general intelligence.

Prepared by the
THE NATIONAL COMMITTEE FOR THE IMPROVEMENT OF THE
TEACHING OF BIOLOGY



Levels at which Mental Diseases (Disorders of Adjustment) May Arise.

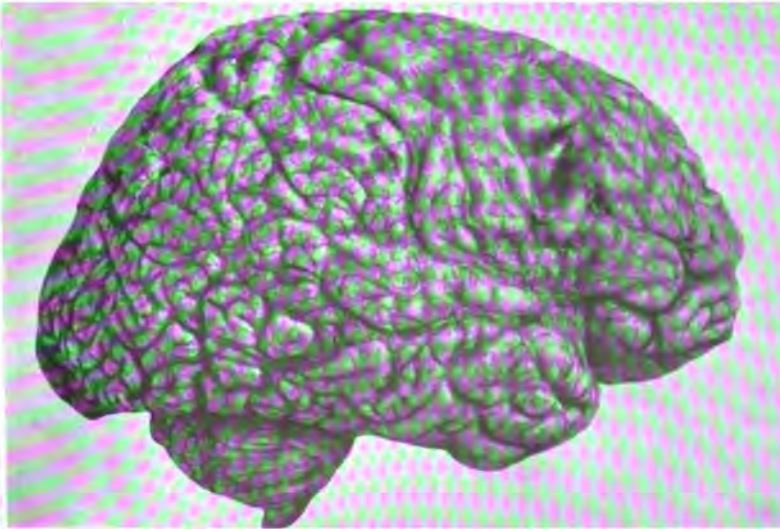
Schema of the Levels of Human Activity	Types of Mental Disorders.	Important Causal Factors.	Methods of Prevention.
Mental and Instinctive	Functional Psychoses and Psychoneuroses e.g. <i>Manic-depressive disorders.</i> <i>Various forms of Depression.</i> <i>Paranoic Conditions</i> <i>Hysteria.</i> <i>Phobias Obsessions, etc.</i> <i>Dementia Praecox.</i>	<i>Causation always complex, not well understood, the following are important causes.</i> Heredity. Certain Traits of Character. Faulty Training. <i>Poor assimilation of Instinctive Life.</i>	<i>Extension of Education (School and University) to the Important Problems of the individual life.</i> <i>Cooperation of Physicians, Psychologists, Nurses necessary for this extension.</i> <i>Special Departments in Schools and universities to deal with these problems.</i> <i>Clinical, Diagnostic or Bureau of advice to afford early assistance.</i> <i>Cultivation of a frank emotional attitude in general, and of a kindly and open attitude towards sexual matters in particular (A wide social and Educational Problem)</i>
Physiological	<i>Exhaustion Psychoses.</i> <i>Senile Psychoses.</i> <i>Arteriosclerotic Psychoses.</i>	<i>Malnutrition.</i> <i>Overwork.</i> <i>Unhygienic conditions, etc., etc.</i> <i>Constitutional lack of Vitality.</i> <i>Stress and Strain of Life.</i>	<i>Essentially General Hygiene.</i> <i>Hygiene of home and Workshop.</i>
Biochemical	<i>Delirium due to fever.</i> <i>Thyroidogenic disorders.</i> <i>Syphilitic Brain Disease.</i> <i>General Paralysis.</i> <i>Tubercular Brain Disease.</i>	<i>Fever.</i> <i>Disorders of thyroid gland.</i> <i>Syphilis.</i> <i>Tubercle.</i> <i>(Pellagra)</i>	<i>General Preventive Medicine.</i> <i>Crusade against Syphilis.</i> <i>Crusade against Tuberculosis.</i>
Chemical	<i>Alcoholic Psychoses.</i> <i>Drug Psychoses.</i> <i>Lead and Boric Acid Psychoses.</i>	<i>Alcoholism.</i> <i>Drug Addiction.</i> <i>Faulty Manufacturing</i>	<i>Crusade against Alcoholism and Drug Addiction.</i> <i>Industrial hygiene.</i>
Physical	<i>Traumatic disorders</i>	<i>Injuries.</i>	<i>Safe-guarding workmen, traffic regulation, etc.</i>

Structural Changes in Mental Diseases

The brain in general paresis: A mental disease dependent upon syphilis.



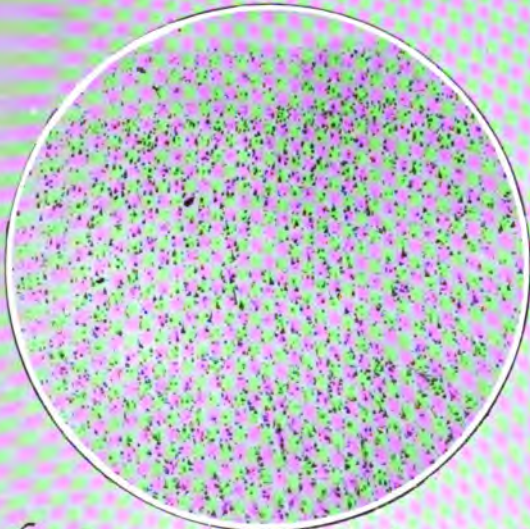
An essentially normal brain



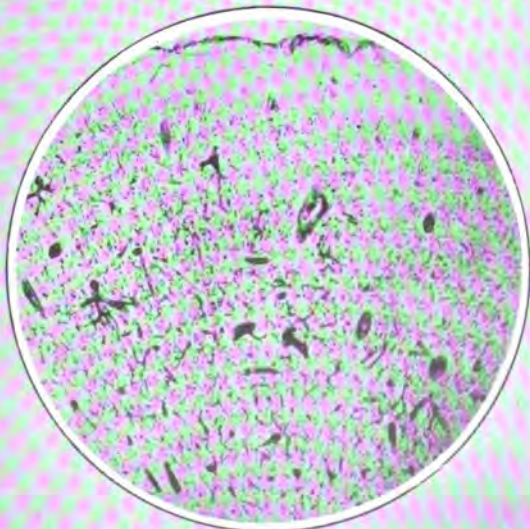
Brain in general paresis.

Structural Changes in Mental Diseases

Microscopic Photographs

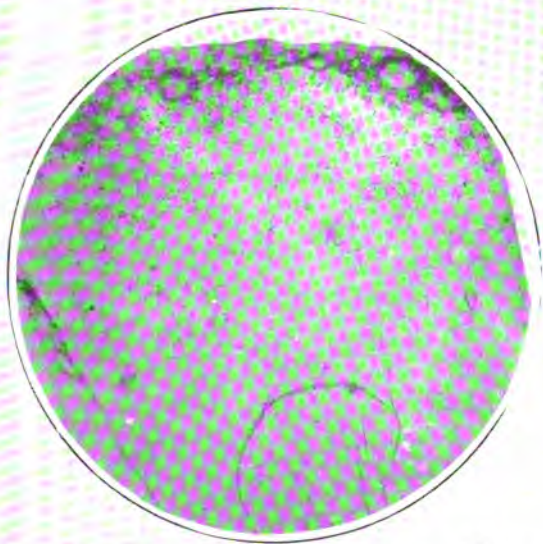


Portion of cortex of an essentially normal brain.



Portion of cortex in general paresis.

Structural Changes in Mental Diseases



Microscopic photograph of small portion of brain in syphilis.



Brain in arterio-sclerosis, showing destruction of portion through obstruction of a small artery supplying it.

Number of Persons with Mental Disease

*Insane in Institutions in the
United States*

January 1, 1910 187,454

A. *Officers and Enlisted men, U.S. Army* 82,365

Officers and enlisted men, U.S. Navy 50,476

Officers and enlisted men, U.S. Marine Corps 9,854

Total 142,695

B. *Students in Colleges and
Universities in the United States* 184,712

C. *Population of Columbus, Ohio,
the twenty-ninth city in popu-
lation in the United States* 181,548

Cost of Caring for the Insane *and* Cost of Panama Canal.

Number of insane in institutions
January 1, 1910 187,454

Annual cost of maintenance \$32,804,450
(\$175.00 per capita)

Estimated cost of completing
the Panama Canal \$325,201,000

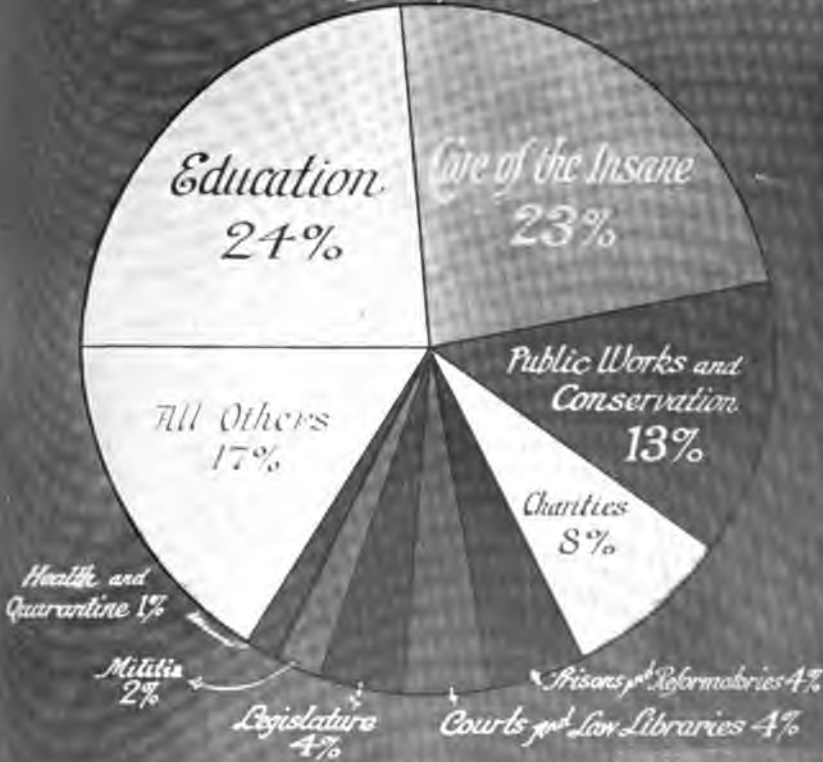
Time for completion (1904-1914) Ten years

Annual cost of construction \$32,520,100



The Cost of Caring for the Insane

Expenditures of a State which provides for all its insane in State Hospitals
Total Average Expenditures \$5,500,000



The Prevalence of Mental Defectiveness in the United States

<i>Number in 64 special institutions for the mentally defective</i>	29,172
<i>Number in 27 Reformatories</i>	2,097
<i>Number in 17 hospitals for the insane</i>	<u>1,561</u>
<i>Total in 108 Institutions</i>	32,830
<i>Number in communities (uncared for)</i>	
<i>Estimate by Dr. Walter E. Fernald</i>	<u>166,000</u>
<i>Estimated Number ^{in the} United States</i>	200,000
<i>Ratio to Population</i>	1 in 500

It is seen that only about 10 per cent of all the mentally defective in the United States are under suitable institutional care.

The British Royal Commission has estimated that but 10 per cent of the mentally defective in England are under suitable institutional care.

Mental Examination of School Children

Results of examination, by Binet-Simon tests, of 1536 school children in New Jersey (H. H. Goddard.)

Numerals in black type indicate the number of "normal" and "backward" children. By "Mental ages" is meant the age determined by the Binet-Simon tests.

The children examined were taken without selection from the schools of a city of 5,000 population and from rural districts with the same population.

Actual Ages Years	"Mental ages" (years)												number Examined
	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	
4	0	1	2	2	3			<i>"Bright" Children</i> (Mental Age 2 or more years more than physical age)					8
5	2	4	8	40	40	16	4						114
6	1	0	3	29	48	69	9	0	1	72 or 5%			160
7		1	2	8	15	114	50	4	3				197
8			2	2	1	87	86	16	12	3			209
9				0	0	27	54	56	58	4	2		201
10					3	15	24	19	124	27	8	2	222
11					1	4	13	25	50	60	12	1	166
12						4	10	13	42	36	39	0	144
13	<i>"Defective" Children</i> Mental age 3 or more years less than actual age) 50 or 3.5%					1	5	6	30	19	21	7	89
14							1	1	6	5	4	3	20
15								3	0	1	2	0	6
Totals	3	6	17	81	111	337	256	143	326	155	88	13	1536

Alcohol and Mental Diseases

Alcoholic psychoses (mental diseases known to be caused by alcohol) in different environments.

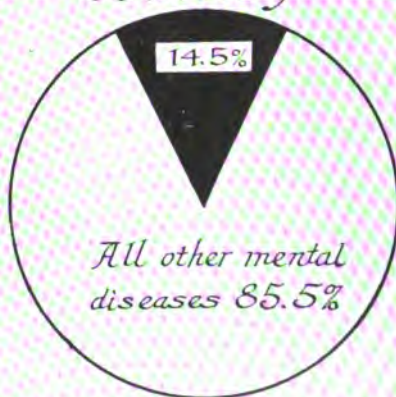
*First admissions to hospitals for the insane
(Shaded areas indicate percentages of alcoholic psychoses)*

Men

City

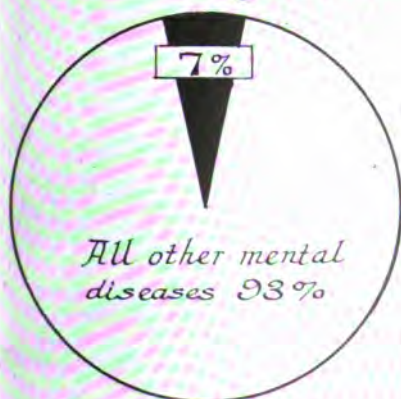


Country

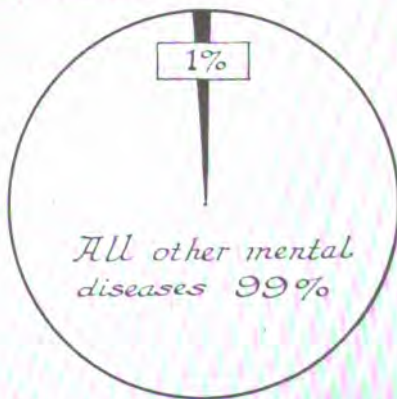


Women

City



Country

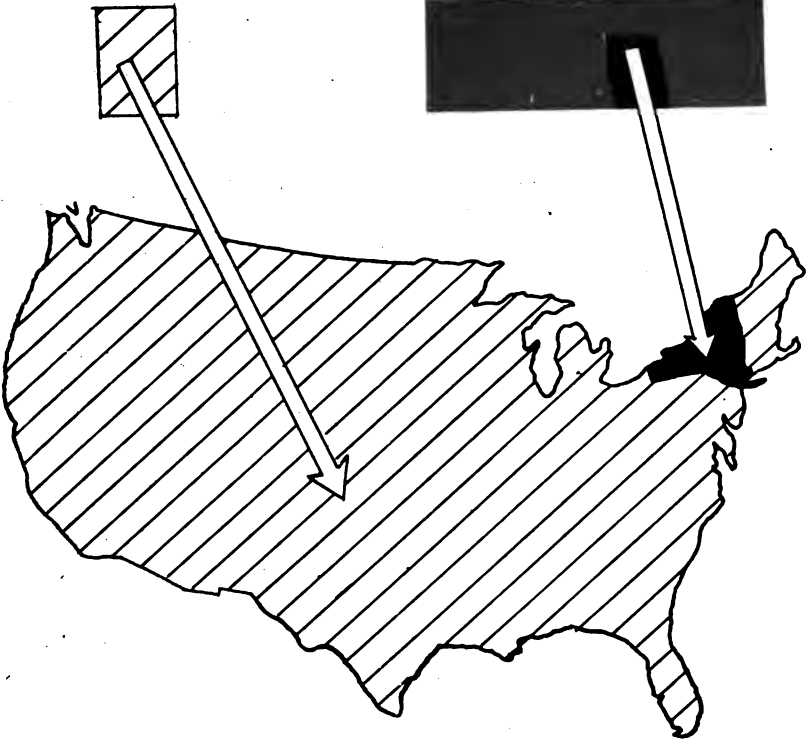


Syphilis and Mental Diseases

The Incidence of General Paresis (a type of mental disease depending upon previous infection with syphilis.)

134
*Deaths from small-pox
Entire United States - 1911*

590
*Deaths from general paresis
New York State - 1911*



Syphilis and Mental Diseases

Where general paresis is most prevalent.

*First admissions to hospitals for the insane
(Shaded areas indicate percentage of general paresis.)*

Men

City



Country



Women

City



Country



Immigration and Eugenics

We can exclude insane and mentally defective immigrants but it is much more difficult to apply the principles of eugenics.

Immigration and Births as Sources of Population.



Immigrants destined to New York State who arrived in 1912
239, 275



Births in New York State in 1912.
216, 141

Imperfect Adjustments in Children (Not dependent on defects of intelligence)

Causes - 1- Defective Heredity.

2- Injurious Environment factors - injury, diseases of infancy

Cases grouped according to predominating Symptoms

- 1- Indolent type - lack initiative, emotionally indifferent
- 2- Depressed type - gloomy, pessimistic
- 3- Excited type - busy-bodies, aggressive, meddlesome
- 4- Periodic type - combination of 2 and 3
- 5- Emotional type - (a) abnormally expectant type, never live in present, always dread to-morrow, dreamers

(b) passionate

- 6- Slaves of one ideal - "monomaniacs"
- 7- Unstable type - "Creatures of the Moment" - "Footballs of External Agents"
- 8- Queer Characters - believers in spiritism, anarchism, etc.
- 9- Fantastic liars and romancers
- 10- Impelled type - driven by imperative ideas
- 11- Ethically or socially defective
- 12- Sex offenders

Treatment -

Expert Medical Advice - Removal from public schools and placing in special classes where an accurate diagnosis should first be made and then the form of treatment carefully outlined.

Causes of Mental Deficiency

Heredity

Mental defectiveness
Insanity
Epilepsy
Alcoholism
Syphilis

Congenital defects

Hydrocephalus
Microcephalus
Defects in cerebral substance
Defects resulting in mental deprivation:
Blindness
Mutism
Deafness

Injuries During Birth

Fracture of skull
Compression of brain
Cerebral hemorrhage
Asphyxia

Diseases during Infancy

Acute infectious diseases:
Scarlet fever,
Pneumonia, etc.
Diseases directly affecting the brain:
Infantile ecephalitis
Meningitis
Syphilis
Infantile convulsions, etc
Epilepsy
Malnutrition

Injuries during Infancy

Thyroid Insufficiency

Friends of the Insane



Philippe Pinel in the Salpêtrière — 1793 .

Friends of the Insane Benjamin Rush



1745 - 1813

Friends of the Insane

Dorothea Lynde Dix



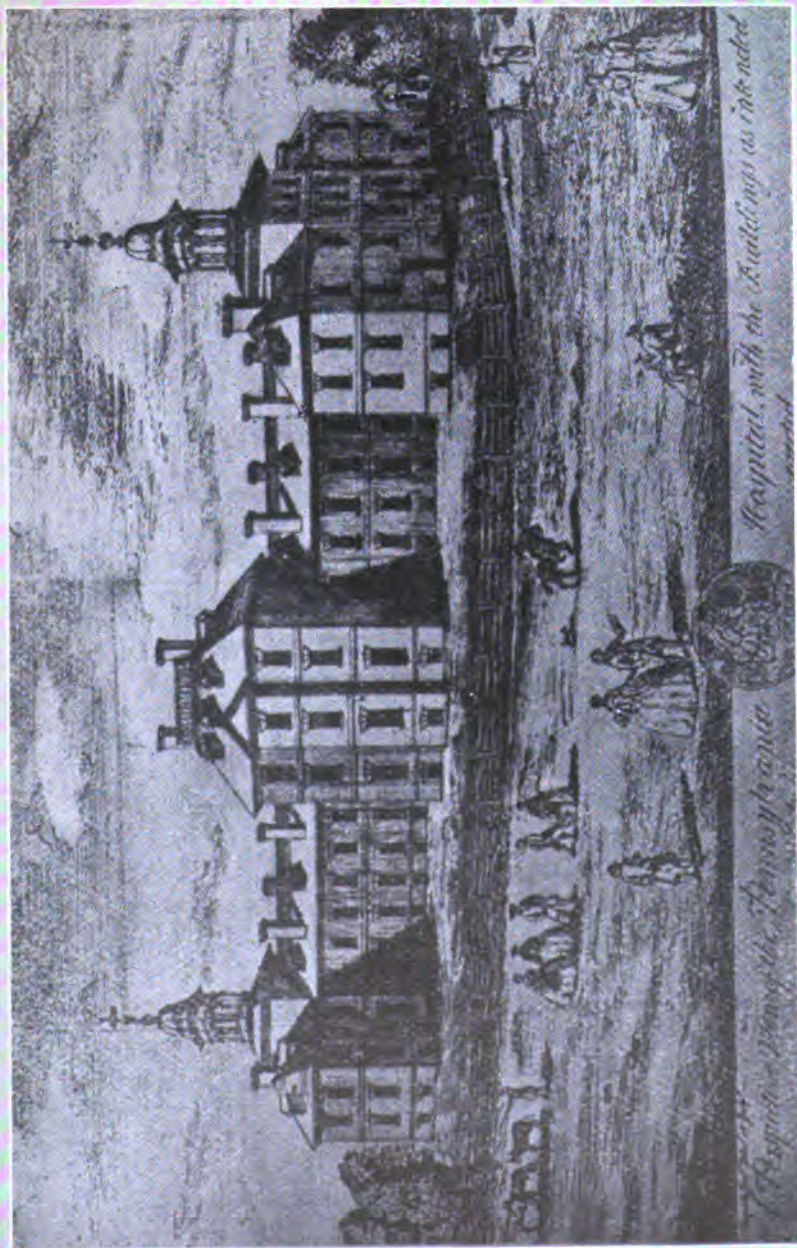
1802-1887

Friends of the Insane Wilhelm Griesinger



1817 - 1888

The Earliest Provision for the Insane in the United States



Pennsylvania Hospital 1753.

Asylum Care vs. Hospital Treatment Housing



"Insane department" of a county almshouse



Day-room in a modern State Hospital.

Asylum Care vs. Hospital Treatment

Treatment of excited patients



*Nurses illustrating use of restraint apparatus
(abandoned in all enlightened hospitals)*



*Patient in continuous bath of tepid water
(often used continuously for days or weeks)*

Asylum Care vs Hospital Treatment

How the long days are spent

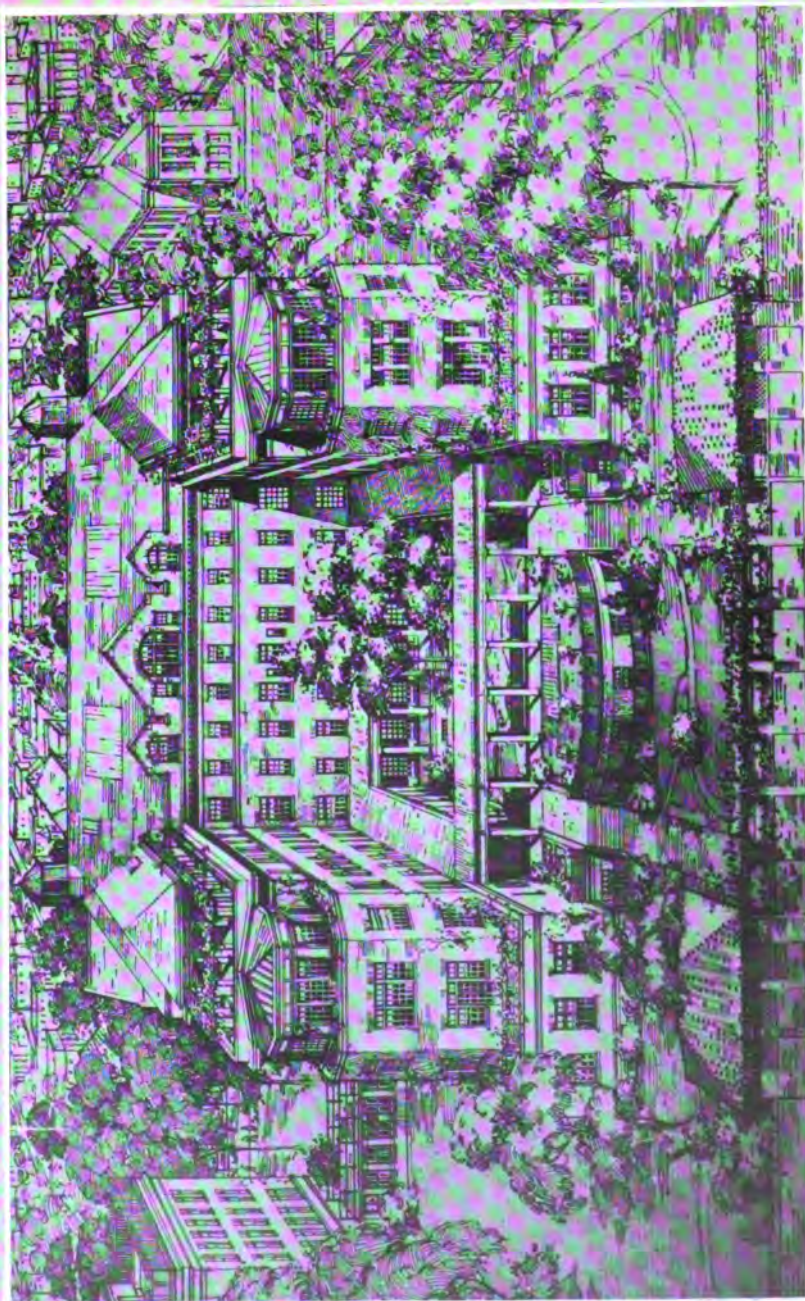


Idleness and solitude (a County Asylum)



Occupation and companionship (a State Hospital)

The Henry Phipps Psychiatric Clinic Johns Hopkins Hospital, Baltimore



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The Chief Objects of the National Committee for Mental Hygiene are:

To work for the protection of the mental health of the public; to help raise the standard of care for those threatened with mental disorder or actually ill; to promote the study of mental disorders in all their forms and relations and to disseminate knowledge concerning their causes, treatment and prevention; to obtain from every source reliable data regarding conditions and methods of dealing with mental disorders; to enlist the aid of the Federal Government so far as may seem desirable; to co-ordinate existing agencies and help organize in each State in the Union an allied but independent Society for Mental Hygiene, similar to the existing Connecticut Society for Mental Hygiene.

Inquiries regarding the work and requests for pamphlets issued by the organization should be addressed to Clifford W. Beers, Secretary, The National Committee for Mental Hygiene, Room 1914, No. 50 Union Square, New York City, or to Dr. Thomas W. Salmon, Director of Special Studies.

Publications

of

The National Committee for Mental Hygiene

Sent upon application free, or for the price indicated below

- No. 1. Origin, Objects and Plans of the National Committee for Mental Hygiene.**
- No. 2. Principles of Mental Hygiene Applied to the Management of Children Predisposed to Nervousness, —By Dr. Lewellys F. Barker, Professor of Medicine, Johns Hopkins University. (Issued March, 1912)**
- No. 3. Summaries of the Laws Relating to the Commitment and Care of the Insane in the United States. Compiled by Mr. John Koren. Price; One Dollar, postpaid. (Issued September, 1912.)**
- No. 4. Some Phases of the Mental Hygiene Movement and the Scope of the Work of the National Committee for Mental Hygiene.—By Dr. Lewellys F. Barker, Professor of Medicine, Johns Hopkins University. An address delivered as Chairman of the sub-section on Mental Hygiene at the 15th International Congress on Hygiene and Demography, Washington, D. C., September 26, 1912. (Issued November, 1912.)**
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